



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

17-315095

FILED
Secretary of State
State of California

FEB 21 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

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This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

MRW PRODUCTIONS, LLC

2. 12-Digit Secretary of State File Number

200704610065

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1207 4TH STREET, PH1	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401
b. Mailing Address of LLC, if different than Item 4a 10960 WILSHIRE BLVD., 5TH FLOOR	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90024
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b MICHAEL	Middle Name G	Last Name ROWE	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1207 4TH STREET, PH1	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) MARY	Middle Name E	Last Name SULLIVAN	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1207 4TH STREET, PH1	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

ENTERTAINMENT AND PUBLISHING

8. Chief Executive Officer, if elected or appointed

a. First Name MICHAEL	Middle Name G	Last Name ROWE	Suffix
b. Address 1207 4TH STREET, PH1	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401

9. The Information contained herein, including any attachments, is true and correct.

2/10/17

Date

E MOSSER

Type or Print Name of Person Completing the Form

BKKPR

Title

Eunhyun Moss
Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

7-315095

A. Limited Liability Company Name

MRW PRODUCTIONS, LLC

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B. 12-Digit Secretary of State File Number

200704610065

C. State or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name -- Do not complete Item 2b MARY	Middle Name E	Last Name SULLIVAN	Suffix
2b. Entity Name -- Do not complete Item 2a			
2c. Address 1207 4TH STREET, PH1	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401
3a. First Name -- Do not complete Item 3b	Middle Name	Last Name	Suffix
3b. Entity Name -- Do not complete Item 3a			
3c. Address	City (no abbreviations)	State	Zip Code
4a. First Name -- Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name -- Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name -- Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name -- Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name -- Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name -- Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name -- Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name -- Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name -- Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name -- Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code